indoor residual spraying, therapeutic efficacy of antimalarials against *Plasmodium Falciparum* and *P. vivax* and demonstration of bioenvironmental methods or alternative methods such as insecticide – treated nets for control of malaria and other vector born disease. Other important activities included clinical trials of antimalarial drugs, evaluation of rapid diagnostic kits, new insecticides, larvicides and repellents, and health impact assessment of development projects. NIMR has immensely contributed in the development of human resources by imparting training to health professionals and non health sectors as well as development of health education materials. Various technologies have been transferred to the national programme, such as bioenvironmental methods of malaria control; treated nets; use of pyrethroids for indoor residual spraying; biolarvicides, larvivorous fishes and expended polystyrene breads for larval control; artemisinin-based combination therapy for treatment of malaria; use of rapid diagnostic tests; etc.

Reverse trend on AIIMS

1445. MS. MABEL REBELLO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what was the primary objective of setting up a prestigious institute like AIIMS;

(b) whether it is a fact that it was meant to be a referral hospital and not an extension of primary health services for North India; and

(c) whether it is also a fact that senior faculty from Harvard and other prestigious institutions of the world were among the faculty of AIIMS and the reasons for the reverse trend now?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) The All India Institute of Medical Sciences (AIIMS) was set up through an Act of Parliament, with the object of developing patterns of teaching in UG/PG medical education, so as to demonstrate a high standard of medical education to all other medical college institutions in India. In order to fulfil these objectives, the Institute is engaged in medical education, research and clinical care. Although AIIMS is meant to fulfil the aforesaid objectives, according to AIIMS, they are providing primary health care also to the patients coming from all over the country who seeks to get treated at AIIMS. The yearly attrition rate of doctors in AIIMS is 5.5% which is not high. Some of the faculty members go abroad for prestigious assignments, Which is normally expected considering the stature of the Institute.

Success of population control measures

†1446. SHRI SURENDRA LATH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of programmes being run in various States of the country to control the increasing population;

†Original notice of the question was received in Hindi.

(b) the quantum of success achieved by Government in controlling the population through family planning programmes during the last three years;

(c) whether it is a fact that there is slackness in family planning programmes during the last three years; and

(d) whether Government are making any effective scheme to control population increase?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The Government is providing Central assistance to the States/UTs under National Rural Health Mission (NRHM) and second phase of Reproductive and Child Health (RCH-II) programme for implementation of various family welfare activities to achieve population stabilisation in the country as envisaged in the National Population Policy (NPP), 2000 through responsible and planned parenthood, voluntary and informed choice of Family Planning method best suited to acceptors.

Under the National Rural Health Mission (NRHM) emphasis has been laid to provide accessible, affordable, accountable, effective, reliable, and quality primary health care through creation of a cadre of Accredited Social Health Activities (ASHA), improved hospital care measured through Indian Public Health Standards (IPHS), decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. As a part of NRHM, fixed day services both for terminal and spacing methods of family planning in all the upgraded Primary Health Centres, Community Health Centres, District Hospitals and Sub-District Hospital has been taken in all the States/Uts.

(b) to (d) During the last three years the family planning measures like sterilization and IUD have shown a downward trend. A drop in steriliation by 4.1% in 2005-06 over 2004-05 and drop in IUD by 1.2% in 2005-06 over 2004-05 has been reported. However temporary methods of family planning like the condom users have gone up by 8.07% during 2005-06 over 2004-05. The sterilization and IUD have further fallen down by 10% in 2006-07. Some of the factors contributing to the gradual fall in the achievements of Family planning during last few years *inter-alia* include: (1) Directions of Hon'ble Supreme Court of India in March, 2005 that the doctors performing the surgery should have minimal 5 years gynaecological experience. There was also a restriction of number of sterilisation operations by a Team of Doctor in a day as per Government of India Guidelines. This had lead to reduction in the number of providers drastically and affected the Family Planning measures adopted by the Government as 5 years gynaecological experience clause is not there in the guidelines. (2) Non-availability of adequate number of working Laparoscope's at the health facilities in the States for conducting Female Sterilisation.

Following steps have been taken to encourage acceptance of Family Planning and to give protection to providers:

(i) **National Family Planning Insurance Scheme** has been started since Nov'05 to compensate the sterilization acceptors for failures, complications and deaths and also provides indemnity insurance cover to doctors.

(ii) Increasing Compensation Package for Sterilization was introduced in Oct'06 and the payment to accredited private providers has been increased markedly from Rs. 400 to Rs. 800 in 8 EAG States and, Rs. 100 per case if private doctors perform sterilisation in public institutions in both EAG and non-EAG States provide services.

(iii) Specific action points/strategies have been incorporated in the States project Implementation Plans (PIPs) under NRHM from current year to address the upgradation of Family Planning Services and increase the number of providers.

Making CGHS user friendly

1447. SHRI VARINDER SINGH BAJWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that notwithstanding Government's resolve to make CGHS user friendly the position in CGHS dispensaries in Delhi., particularly in outlying areas, is far from satisfactory in so far as cleanliness of toilets, other that those for staff and other services are concerned;

(b) whether Government are aware that there is hardly any surprise visits by senior officers to check the attendance of doctors and staff and for the availability of medicines in time; and

(c) whether Government would ensure periodical check and visits of the dispensaries to ensure satisfactory services to the users?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Surprise inspections of dispensaries are carried out by officers from the Ministry and the CGHS to check punctuality of doctors and staff, cleanliness, etc. wherever doctors and/or staff were not found to be late in attending to their work in their respective dispensaries, Memoranda have been issued cautioning them to be punctual in attending to their duties.

CGHS has accepted, in principle, the recommendation of Staff Inspection Unit of the Department of Expenditure, Ministry of Finance to outsource sanitation/ cleaning work in dispensaries and will be implemented gradually, as and when posts of safai karamcharies start falling vacant. All India CGHS Employees Association has, however, opposed outsourcing of sanitation/cleaning work in dispensaries and have threatened to proceed on strike.

AIDS affected children and their education

†1448. SHRIMATI SUSHMA SWARAJ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether an estimate of number of children aged between 4 to 15 suffering from HIV/AIDS, has been made;

(b) if so, the details of the number, State-wise;

†Original notice of the question was received in Hindi.